

**SFY 2006**

**SUBSTANCE ABUSE  
AND  
MENTAL HEALTH**

**AREA PLAN FORMAT**

## FY06 AREA PLAN TIMELINE

DATE	PROCESS
05/01/05	Area Plan due to DSAMH <small>Area Plan and attachments are to be submitted electronically (CD, Memory card, Floppy) to DSAMH.</small>
05/14/05	Division Area Plan review due <small>DSAMH staff will review area Plans by this date.</small>
05/21/05	Letter to LA and Center Directors with review status <small>This letter will state approval of the Area Plan or will request additional materials.</small>
06/04/05	LA/Center directors response and submission of additional information due
06/23/05	Final Area Plan approval Letter
07/01/05	Mailing of FY06 Funding Allocation Letters

# AREA PLAN ELEMENTS

**MEMO FROM:**  
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*March 7, 2005*

*To: Area Plan Training Participants*

*Re: Overview of Area Plan Elements*

*Once again it is time to focus on the local area plans in Substance Abuse and Mental Health. Thank you for continuing to give input and feedback to the division on Substance Abuse and Mental Health area plan process. It is our goal to work collaboratively with local authorities, providers, stakeholders and citizens to insure a quality planning process.*

*As you know, each local authority is required to submit to the division by May 1 of each year its plan for provision of services (62A-15-103). It is also required to review and evaluate mental health and substance abuse needs and services (17A-3-602) (17A-3-701). The division is required to review and approve each local authority's plan to assure a statewide comprehensive continuum of services (65A-15-102). Accordingly, here are some key elements of a local planning process:*

*1. A Needs Assessment: How does the local authority assess the need for substance abuse and mental health services? A valid needs assessment can involve some or all of the following. While we realize there are practical limits in terms of time and budget, a comprehensive needs assessment will lead to more informed decision-making on the part of local officials. Some standard ways of assessing need are:*

- Citizen input at public meetings*
- Consumer and family surveys*
- Surveys of incidence and prevalence of drug and alcohol use*
- Surveys or studies of the incidence and prevalence of mental illness*
- Key stakeholder interviews/surveys*
- Staff input/surveys*
- Board and local official input*
- Student surveys*
- Other key informant input*

*2. What did you do with that input? How was the information gathered used in establishing priorities? How has it influenced policies and priorities? What implications does it have for current and future services?*

3. Alignment with federal and state requirements: The plan must contain information that will assure that federal and state funds distributed are spent in accordance with federal and state requirements. For example, in mental health the service priority is targeted at adults and children with severe mental illness who are indigent. In substance abuse, the Substance Abuse Prevention and Treatment Block Grant (SAPT) requires 20% to be spent on prevention, and requires services to women and children as a priority.

4. A plan that projects services in accordance with the needs assessment and in alignment with federal and state requirements: The plan should project, given anticipated funding, and local priorities, the following:

- What services to what populations will be increased?
- What services to what populations will be maintained?
- What services to what populations will be decreased?

5. While there should be flexibility in how a local authority implements its planning process, there should be uniformity in reporting formats. It is recognized that there is a diversity of delivery systems, from large urban centers, to small rural centers, from combined mental health and substance abuse programs, to "stand alone" programs. However, in order to assure a statewide continuum of care, and to comply with the requirements of a comprehensive service delivery system, we must have a common reporting format with standard definitions. Of course, we also need to allow for the description of unique programs, or programs that serve a statewide population.

The above is not meant to cover all aspects of a quality local planning process, but to highlight what we believe to be important elements and principles to be addressed as we work together to meet the needs of the individuals and families we serve. Thank you for your cooperation.

Sincerely,

Randy

Randall W. Bachman, M.Ed.  
Director

# **SUBSTANCE ABUSE AND MENTAL HEALTH AREA PLAN**

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## **PART I: ALL AREA PLANS**

### **Section A: Method of Council/Commissioner Oversight**

DATE:

LOCAL AUTHORITY:

1. Please provide a detailed explanation of the current role and activities of the Local Authority as required by UCA Sections 17-43-101 thru 309 regarding the governance and administrative oversight of the use of “public funds.”
  
2. Please describe current efforts and/or future plans to assure the Local Authority exercises its statutory responsibilities.
  
3. Please describe how the Local Authority documents its compliance with UCA Sections 17-43-101 thru 309.

## PART I: ALL AREA PLANS

### Section B: SFY 2006 Budget

Local Authority : \_\_\_\_\_

#### SUBSTANCE ABUSE BUDGET

	State General Fund	Local Match	Medicaid	Mental Health Block Grant (Formula)	SAPT Block Grant (Formula)	Other Federal Funds	Criminal Justice Funds	Governor's SDFSCA Prevention Funds	Other Revenue	TOTAL	FY06 Division Allocation	Difference
Total Substance Abuse Funding										\$ -	\$ -	\$ -
Federal Prevention 20% Minimum (FPL)										\$ -	\$ -	\$ -
State Prevention (SPL)										\$ -	\$ -	\$ -
Women's Treatment Alcohol (WTA)										\$ -	\$ -	\$ -
Women's Treatment Drugs (WTD)										\$ -	\$ -	\$ -
Fed Treatment Alcohol (FTA)										\$ -	\$ -	\$ -
Fed Treatment Drugs (FTD)										\$ -	\$ -	\$ -
State Treatment (STL)										\$ -	\$ -	\$ -
DOE (GPP)										\$ -	\$ -	\$ -
CIAO (CRC)										\$ -	\$ -	\$ -
TOTAL (Must tie to the first row)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

You must fill this section out
Not applicable
Additional applicable information

## PART I: ALL AREA PLANS

### Section B: SFY 2006 Budget

Local Authority : \_\_\_\_\_

### MENTAL HEALTH BUDGET

	State General Fund	Local Match	Medicaid	Mental Health Block Grant (Formula)	SAPT Block Grant (Formula)	Other Federal Funds	Criminal Justice Funds	Governor's SDFSCA Prevention Funds	Other Revenue	TOTAL	FY06 Division Allocation	Difference
Total Mental Health Funding										\$ -	\$ -	\$ -
State - General (MHS)										\$ -	\$ -	\$ -
State - Children (MHC)										\$ -	\$ -	\$ -
Federal - General (MHF)										\$ -	\$ -	\$ -
Federal - Children (MHX)										\$ -	\$ -	\$ -
<b>TOTAL</b> (Must tie to the first row)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

You must fill this section out
Not applicable
Additional applicable information



## **PART I: ALL AREA PLANS**

### **Section C: Reportable Changes**

DATE:

LOCAL AUTHORITY:

Please describe reportable changes in the plan since last year's plan. At a minimum, include the following:

1. Programs or services that have been added or discontinued.
  
2. Other significant actions the Division of Substance Abuse and Mental Health should be made aware of.

## PART I: ALL AREA PLANS

### Section D: Brief Descriptions Of Other Services Offered (Optional)

DATE:

LOCAL AUTHORITY:

This part of the Area Plan is **optional**, for those Local Authority Areas that would like to provide the DSAMH with information regarding other substance abuse or mental health prevention and treatment services being provided, but not covered in this plan (e.g., Drug Court, State Incentive Cooperative Agreement (SICA) Project, Frontiers Project, Project RECONNECT, Wraparound Services, Assertive Community Outreach and Treatment (ACOT), etc.)

In providing this information, please include the following components:

1. A brief paragraph describing the service;
2. The amount and source of funding for the service;
3. The number of clients served; and
4. Any projected changes in the service for SFY 2006.

**PART I: ALL AREA PLANS**

**Section E: Organizational Chart**

DATE:

LOCAL AUTHORITY:

Attach a current organizational chart of the county or multi-county unit. Include an indication of what organization is responsible for substance abuse and/or mental health services.

**PART I: ALL AREA PLANS**

**Section F: Local Authority Contact Information**

DATE:

LOCAL AUTHORITY:

Complete the table below with current Local Authority official (as defined by Utah Code Annotated) contact information.

NAME & TITLE	PHONE	ADDRESS	EMAIL

**PART I: ALL AREA PLANS**

**Section G: Official Signatures**

LOCAL AUTHORITY: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of appropriate Local Authority official as defined by Utah Code Annotated)

Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Appropriate Service Provider Official)

## **PART II: MENTAL HEALTH PLANS**

### **Section A: Mental Health Treatment Services**

#### **1. Mental Health Continuum of Treatment Service Areas**

- a. Inpatient Care and Services
- b. Residential Care and Services
- c. Outpatient Care and Services
- d. 24-Hour Crisis Care and Services
- e. Psychotropic Medication Management
- f. Psychosocial Rehabilitation, including Vocational Training and Skills Development
- g. Case Management
- h. Community Supports, including In-Home Services, Housing, Family Support Services and Respite Services
- i. Consultation and Education Services, including but not limited to: Case Consultation, Collaboration with Other State Agencies, Public Education, and Public Information
- j. County Jail or Other Correctional Facility

#### **2. Service Description Components**

For each Treatment Service Area listed in the above continuum, address the following components.

*(See Appendix 2 for further detail regarding the “Components of a Service or Program Description.”)*

- a. General Description of Service
- b. Description of Population to be Served

## PART II: MENTAL HEALTH PLANS

### Section A: Mental Health Treatment Services

#### 3. Current and Anticipated Service Delivery Patterns

**Treatment Service Area:** \_\_\_\_\_

	Clients Served							Units of Service				
*Target or Mandated Populations	**Planned # of Admissions FY 05  July 1, 2004-June 30, 2005	Projected # of Actual Admissions FY 05  July 1, 2004-June 30, 2005	Planned # of Admissions FY 06  July 1, 2005-June 30, 2006	**Planned # of Un-duplicated Clients FY 05  July 1, 2004-June 30, 2005	Projected # of Actual Un-duplicated Clients FY 05  July 1, 2004-June 30, 2005	Planned # of Un-duplicated Clients FY 06  July 1, 2005-June 30, 2006	FY 05 to FY 06 Difference	**Planned Units of Service to be Provided FY 05  July 1, 2004-June 30, 2005	Projected # of Actual Units of Service Provided FY 05  July 1, 2004-June 30, 2005	Planned # of Units of Service to be Provided FY 06  July 1, 2005-June 30, 2006	Units (Hours or Days of Service)	FY 05 to FY 06 Difference

\*Insert rows as needed for populations served. Utah Code requires that the plan address services for Adults (18+), Youth (14-17) and Children (0-13).

\*\*Planned numbers for FY 05 from FY 05 Area Plan.

#### 4. Service Delivery Trends

In the table above, if FY 06 # of clients or units of service are different than FY 05, please provide an explanation.

#### 5. Preferred Practices

If you have an implementation plan for preferred practices in this treatment service area, please describe.

## **PART II: MENTAL HEALTH PLANS**

### **Section B: Quality improvement Plans and Studies**

DATE:

LOCAL AUTHORITY:

Please describe your FY 2006 quality improvement plan, including methodology, timeline, and anticipated results.



## **PART II: MENTAL HEALTH PLANS**

### **Section C: Consumer and Family Involvement Plan (R523-1-20)**

DATE:

LOCAL AUTHORITY:

1. Describe your center's method for educating families concerning mental illness.
2. Describe how your center promotes family involvement when appropriate, and with patient consent, in the treatment program of a family member.
3. Describe other ways you currently involve consumers in your center, including their involvement in the provision of direct services and policymaking.
4. Describe how you train staff in their role of engaging consumers and family members in treatment planning.
5. How do you coordinate your efforts with the consumers, their families, and advocacy organizations?
6. Do you plan to increase consumer involvement in your center during the coming year? If so, please describe how, and what objectives you hope to achieve.
7. What has been done to improve consumer and family involvement since last year's Area Plan? Please describe.

## PART II: MENTAL HEALTH PLANS

Section D: Description or Confirmation of Other Mental Health Directives

DATE:

LOCAL AUTHORITY:

1. Please describe the established mechanism allowing for direct citizen input that has influenced this planning process.
2. Please describe how mental health needs and services are reviewed and evaluated.

## **PART III: SUBSTANCE ABUSE PLANS**

### **Section A: Substance Abuse Treatment Services**

#### **1. Substance Abuse Continuum of Treatment Service Areas**

##### **Detoxification (24 Hour Care)**

- a. Hospital Inpatient
- b. Free-standing Residential

##### **Rehabilitation/Residential**

- c. Hospital Inpatient (Rehabilitation)
- d. Short-term (up to 30 days)
- e. Long-term (over 30 days)

##### **Rehabilitation/Ambulatory**

- f. Outpatient (Methadone)
- g. Outpatient (Non-Methadone)
- h. Intensive Outpatient
- i. Detoxification (Outpatient)
- j. Other (e.g., Jail or other Correctional Facility)

#### **2. Service Description Components**

For each Treatment Service Area listed in the above continuum, address the following components.

*(See Appendix 2 for further detail regarding the “Components of a Service or Program Description.”)*

- a. General Description of Service
- b. Description of Population to be Served

## PART III: SUBSTANCE ABUSE PLANS

### Section A: Substance Abuse Treatment Services

#### 3. Current and Anticipated Service Delivery Patterns

**Treatment Service Area:** \_\_\_\_\_

	Clients Served							Units of Service				
	**Planned # of Admissions FY 05 July 1, 2004-June 30, 2005	Projected # of Actual Admissions FY 05 July 1, 2004-June 30, 2005	Planned # of Admissions FY 06 July 1, 2005-June 30, 2006	**Planned # of Un-duplicated Clients FY 05 July 1, 2004-June 30, 2005	Projected # of Actual Un-duplicated Clients FY 05 July 1, 2004-June 30, 2005	Planned # of Un-duplicated Clients FY 06 July 1, 2005-June 30, 2006	FY 05 to FY 06 Difference	**Planned Units of Service to be Provided FY 05 July 1, 2004-June 30, 2005	Projected # of Actual Units of Service Provided FY 05 July 1, 2004-June 30, 2005	Planned # of Units of Service to be Provided FY 06 July 1, 2005-June 30, 2006	Units (Hours or Days of Service)	FY 05 to FY 06 Difference
*Target or Mandated Populations												

\*Insert rows as needed for populations served. Utah Code requires that the plan address services for Adults (18+), Youth (14-17) and Children (0-13).

\*\*Planned numbers for FY 05 from FY 05 Area Plan.

#### 4. Service Delivery Trends

In the table above, if FY 06 # of clients or units of service are different than FY 05, please provide an explanation.

#### 5. Preferred Practices

If you have an implementation plan for preferred practices in this treatment service area, please describe.

## PART III: SUBSTANCE ABUSE PLANS

### Section B: Substance Abuse Prevention Services

**In preparing the Prevention Services Section of your Area Plan, please include information for all prevention programs supported by the SAPT Block Grant, State General Fund, Governor's Safe and Drug-Free Schools and Communities (SDFSC/DOE), local, and other funding sources.**

#### 1. Measurable Goals and Objectives

For each of the following State goals, please list the specific objectives that you have established for selecting the prevention programs that will be funded during SFY 2006. Please also list any additional local area goals and related objectives, if applicable.

Goal: Develop a comprehensive ATOD strategy that uses the Risk and Protective Factor Model of Substance Abuse Prevention and supports other components of the Utah State Prevention Plan to increase the capacity of local communities to reduce alcohol, tobacco and other drug use.

Objectives:

- a.
- b.
- c.
- Etc.

Goal: Demonstrate an increase in research-based indicators of protection and a reduction in research-based risk indicators and substance use.

Objectives:

- a.
- b.
- c.
- Etc.

#### 2. Prevention Services Description

You must enter your FY 2006 Area Plan information directly into the Prevention Administration Tracking System (PATS). When you have entered all information into the PATS system, please print out a **PATS Area Plan Report** and submit it, along with your SFY 2006 goals/objectives, Logic Models and signature, with the Prevention Services section of your Area Plan document.

## PART III: SUBSTANCE ABUSE PLANS

### Section B: Substance Abuse Prevention Services

#### 3. Logic Model Worksheets

The purpose of this section is to describe your overall strategy for ensuring that all current substance use/abuse prevention needs in your area are being met. It is **recommended** that you complete this Logic Model Worksheet for each prevention service in your Area Plan; however, it is **required that Logic Models be completed for at least 25 percent of the services in the SFY 2006 Area Plan**. It is the DSAMH's objective that ultimately; Logic Models will be required for each prevention service.

**Program Name:** \_\_\_\_\_

GOALS	ACTIVITIES/ STRATEGIES	TARGET GROUP	THEORY of CHANGE	SHORT- TERM OUTCOMES	LONG-TERM OUTCOMES	EVALUATION
In order to address these priority <u>risk</u> or <u>protective factors</u> (RF/PF):	We will do the following <u>program activities</u> :	For these people and for this amount of time:	We expect that this activity will lead to <u>these immediate changes</u> in participant knowledge, skills, attitudes, and behaviors, which will lead to our program goal:	We'll know these changes have occurred by measuring <u>these indicators</u> at the end of the program:	We'll know that we are reaching the long-term goal of substance abuse prevention if we see <u>these changes</u> after _____ (period of time):	We will use these methods to evaluate the outcome of this program:

#### 4. Evaluation of Prevention Services

Each prevention service must be evaluated according to the DSAMH's Minimum Evaluation Requirements that became effective on July 1, 2004. The initial requirements were in SFY 2005; all requirements are effective for SFY 2006. The requirements are listed on Appendix 3.

#### 5. Signature

\_\_\_\_\_  
Local Authority Agency Prevention Coordinator

\_\_\_\_\_  
Date

### PART III: SUBSTANCE ABUSE PLANS

#### Section C: Collaborative Interventions for Addicted Offenders (CIAO)

1. Please identify the personnel responsible for coordinating the CIAO program in your area:
  - a. Personnel responsible for CIAO Coordinator \_\_\_\_\_
  - b. Adult Probation and Parole CIAO Coordinator \_\_\_\_\_
2. If funding for SFY 05 is equal to SFY 04 funding, how many CIAO clients will you serve in SFY 05? \_\_\_\_\_
3. Have you (LSAA) and the Adult Probation and Parole Region in your geographical area submitted to DSAMH (or plan on submitting) an interagency agreement that clarifies agency responsibilities and outlines program requirements? Yes/No
4. Please examine the minimum requirements for CIAO participation listed below.

Minimum CIAO Eligibility Requirements:

- a. Adult drug/alcohol offenders referred by the Utah Department of Corrections.
- b. Criminal activity is directly related to a substance abuse/dependency problem.
- c. Offenders with a conviction for a crime of violence or sex offense are not eligible.
- d. Offenders with severe mental illness are not eligible.
- e. Offenders with multiple or major disruptions in prior substance abuse treatment episodes are not eligible.

In addition to the above criteria, have you implemented additional eligibility requirements? Yes/No

Please list any additional eligibility requirements to the above criteria:

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5. CIAO requires that participants submit at least two drug tests per week. Describe your plan to ensure that this program requirement is met.

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6. CIAO also requires submission of status reports to probation officers. Describe your plan to ensure this program requirement is met.

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7. Describe your policy or practice in regard to positive drug tests.

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8. Please select at least three (*by circling the letter or writing in your own in the spaces provided*) of the following possible outcome measures, or develop at least three outcome measures you intend to use:

- a. Using TEDS data, measure drug use within 30 days at both intake and discharge.
- b. Using TEDS data, measure employment at both intake and discharge.
- c. Monitor the number of offenders who complete the program successfully.
- d. Monitor the number of positive urinalysis tests.
- e. Measure and monitor compliance with conditions of supervision.
- f. Monitor the length of time offenders remain in the community under successful supervision.
- g. Measure the number of offenders referred to treatment providers due to substance abuse problems.
- h. Identify the number and type of arrest and/or violations of the conditions of supervision using UDC records.
- i. Using criminal history records, monitor offender recidivism.
- j. Measure the length of time spent in treatment.
- k. Other: \_\_\_\_\_
- l. Other: \_\_\_\_\_



## **PART III: SUBSTANCE ABUSE PLANS**

### **Section D: SAPT Block Grant Compliance**

1. Please describe your women's treatment programming. Include how your program provides the following services:
  - a. Primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care;
  - b. Primary pediatric care, including immunization, for their children;
  - c. Gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care while the women are receiving these services;
  - d. Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse and neglect; and
  - e. Sufficient case management and transportation to ensure those women and their children have access to services provided by items a-d above.
2. Please provide a separate paragraph that explains what services you have available for IV drug users and who provides these services. Explain what your policy requires when you cannot provide the needed services.
3. Explain how you meet the following tuberculosis services requirements:
  - a. Directly, or through arrangements with other public or nonprofit private entities, routinely make available:
    - i. Counseling the individual with respect to tuberculosis;
    - ii. Testing to determine whether the individual has been infected with mycobacterium tuberculosis to determine the appropriate form of treatment for the individual; and
    - iii. Providing for or referring the individual infected by mycobacterium tuberculosis for appropriate medical evaluation and treatment.
  - b. In the case of an individual in need of such treatment who is denied admission to the program on the basis of the lack of the capacity of the program to admit the individual, refer the individual to another provider of tuberculosis services; and
  - c. Implement infection control procedures which are designed to prevent the transmission of tuberculosis, including the following:

- i. Screening of patients;
  - ii. Identification of those individuals who are at high risk of becoming infected; and
  - iii. Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including 42 C.F.R. Part 2.
- d. Is there any cost to the patient for these services? Yes/No
- e. Do you have a formalized written agreement covering this service? Yes/No
- f. Who provides these services for you?
- 4. Please cite your policy on admissions showing that pregnant injecting substance abusers, pregnant non-injecting substance abusers, and other injecting substance abusers get priority admission to programs.
  - a. How is this policy monitored to insure that these priority populations get first access to services?
  - b. If you do not have sufficient treatment capacity to meet the immediate needs of these clients, what is your policy to ensure that these needs are addressed?
  - c. What method have you adopted to insure that this policy is adhered to?
- 5. Based on your most current treatment needs data:
  - a. How do you formally determine the types of treatment needed by the population living in your service area?
  - b. How do you determine where or to what programs the resources are allocated?
- 6. Do you have a current policy insuring the confidentiality of patient records in your organization? This may be requested for review at the annual site review.
- 7. Do you have a current policy prohibiting employees from furnishing hypodermic needles or syringes to patients? This may be requested for review at the annual site review.

### **PART III: SUBSTANCE ABUSE PLANS**

#### **Section E:     Consumer and Family Involvement Plan**

DATE:

LOCAL AUTHORITY:

1.     Describe your center's method for educating families concerning substance abuse.
  
2.     Describe how your center promotes family involvement when appropriate, and with patient consent, in the treatment program of a family member.

## PART III: SUBSTANCE ABUSE PLANS

Section F: Description or Confirmation of Other Substance Abuse Directives

DATE:

LOCAL AUTHORITY:

1. Please describe the established mechanism allowing for direct citizen input that has influenced this planning process.
2. Please describe how substance abuse needs and services are reviewed and evaluated.